

# Nurse Care Manager Model

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Boston Medical Center

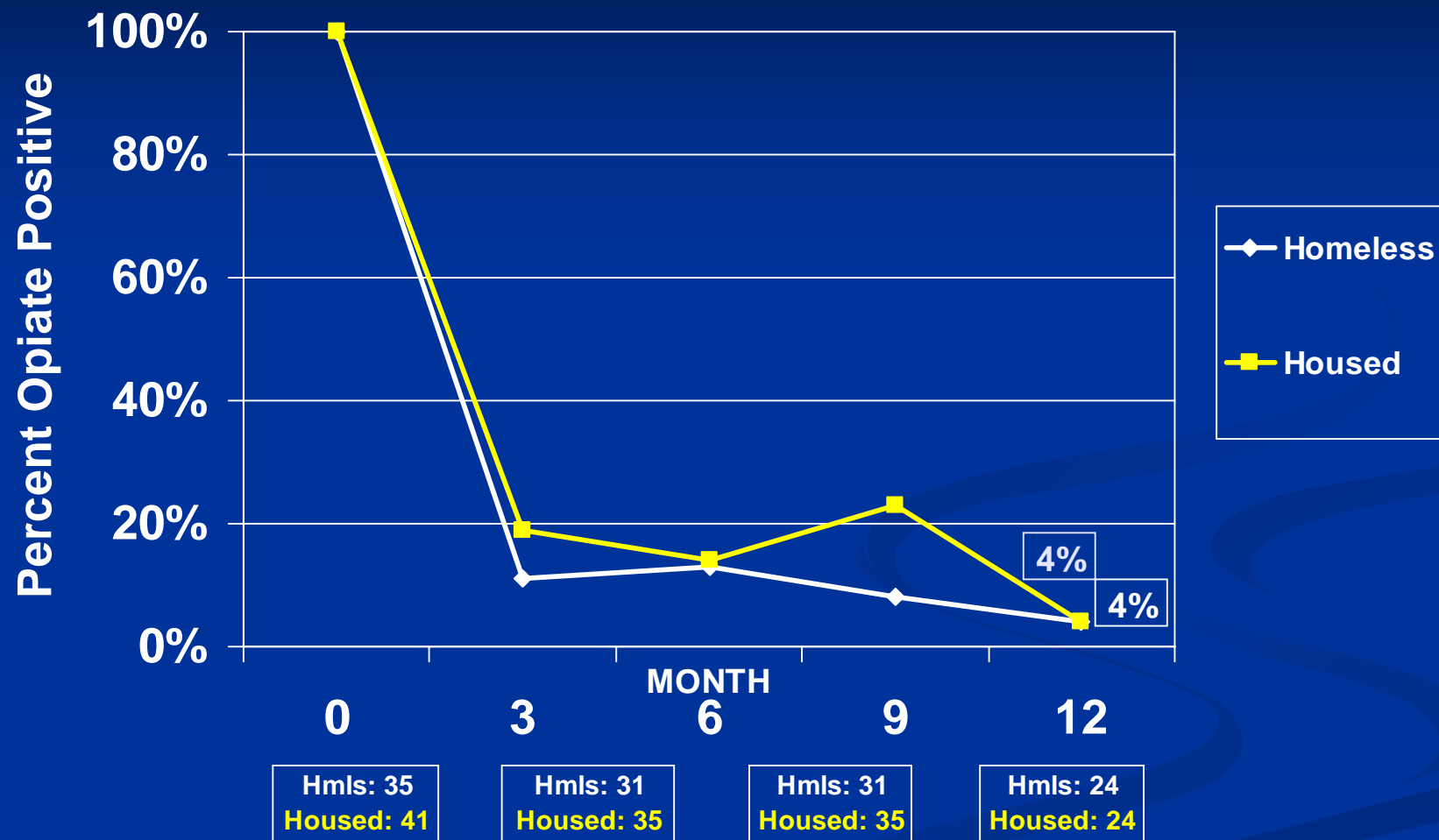
Program Director of STATE OBOT B

# Treatment Expansion with Buprenorphine

- January 2003 began treating patients with suboxone
  - 3 Federal tax ID's numbers: allowed treatment of 90 patients
- Wait list of >300 within 1 year
  - Stopped adding to wait list
- Expansion to 30 patients per provider
  - Increased treatment
- Further expanded to 100 per provider
  - Continue to increase expanding nursing staff: 2 fulltime RN's (nurse model), program coordinator

# Boston Medical Center's Practice

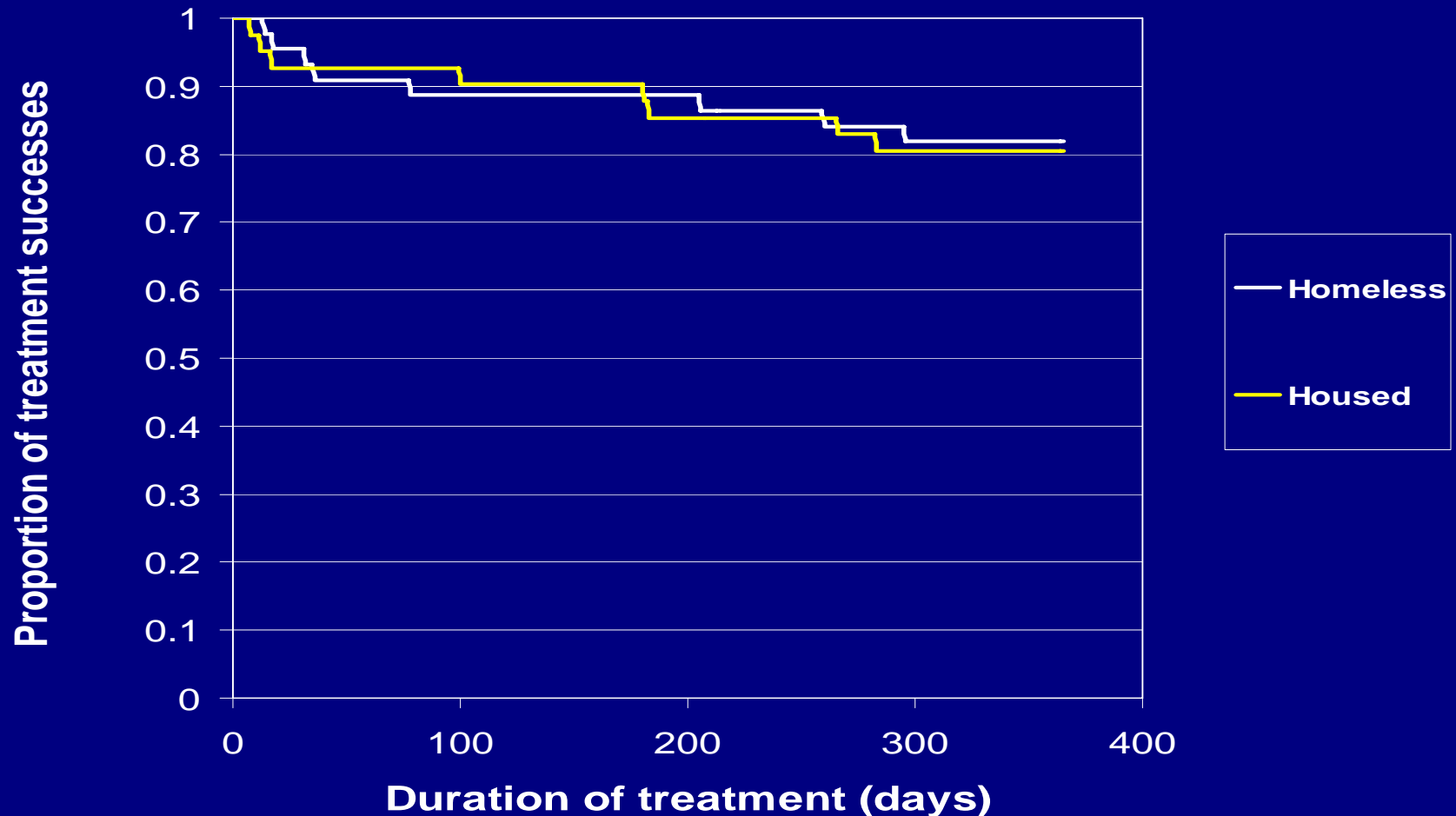
- OBOT B at BMC Manages:
  - Primary care practice (7 waived MD's)
  - Family Medicine practice (4 waived MD's)
  - Health care for the homeless (11 waived MD's)
  - ID Clinic: HIV/HCV practice (3 waived MD's)
- Eliminated wait list in primary care
  - Induction with buprenorphine within 1-4 weeks
- Family medicine and ID into care as referred
- Homeless: labor intensive, manage set number \*



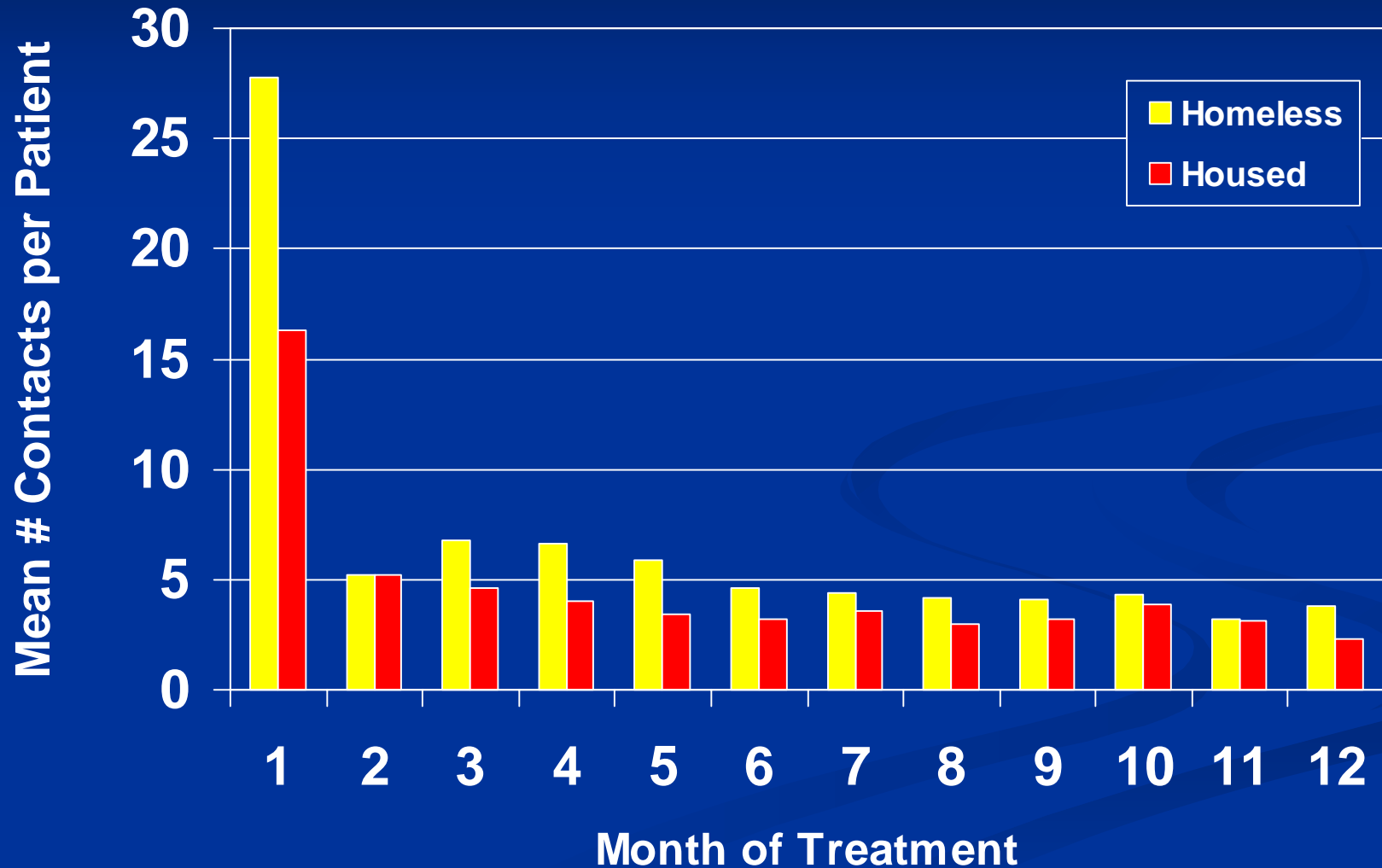
# Time to Treatment Failure in OBOT-B

Kaplan-Meier estimates of the proportion of treatment failures

$p=.87$  comparison between homeless & housed subjects



# Nurse Care Manager Contacts



# Current Status: BMC OBOT B

- >300 patients on buprenorphine
- 1-5 new inductions a week
- 2 fulltime RN's, program coordinator (screening, intake, education, induction, maintenance, stabilization)
- Manage State Hotline for opioid treatment
  - Field 6-10 calls a day
  - Assists patients in getting into treatment
  - Monitors resources across the State and lets patients and providers know what is available

# Barriers to Buprenorphine Prescribing in Massachusetts

	Prescribers N=155	Non- prescribers N=83
Little/no demand*	2%	17%
Staff knowledge/ experience*	6%	22%
Nursing support**	15%	27%
Office support*	12%	24%
Institutional support**	12%	24%

\*p <0.01    \*\*p<0.05



# STATE OBOT B: State Technical Assistance Training Expansion

## OBOT B

- BMC awarded grant from MA Department of Public Health August 2007 3 years, renewable for total of 7 years. 2.3Million year one.
- Training and technical support to 19 community health centers: each funded for Nurse care manager, 3 sites funded for 2 NCM's
- Modeled on BMC's nurse care manager program
  - Goal: Treatment expansion and access to buprenorphine
  - 100 patients per fulltime RN at each site
  - Sites are reimbursed based on volume expansion
  - Expect 2-3 new patients a week per full time RN

# Next Steps.....

- Utilizing nurse care manager models to expand treatment
- Increase level of education among providers in addiction treatment
- Providing clinical support facility MD's ability to treat addiction in their practice
- Physicians and health centers were willing to take on management of their patients on bupe with nursing support
- Utilizing a multidisciplinary approach similar to HIV models of care
- Look at outcomes...ED visits, hospitalizations, detox admissions, mortality, gainful employment, housing, school, reunification with family
- Provide mentoring program: RN's, NP's, PA's, and MD's
- Is it sustainable when funding ends, cost effectiveness: nurse model, other discipline
- Is doable in private practice settings, OTP's